

SRF PRE-APPLICATION FORM INSTRUCTIONS

WATER SYSTEM NAME: The name of the city, county district, nonprofit organization or company. Examples: ABC Irrigation District, Smithtown PUD, John Doe School.

WATER SYSTEM NUMBER: The number assigned to your water system by the State or County Health Department. Your system number may be located on your mailing label and consists of a seven digit number.

POPULATION SERVED: The total estimated population served by the water system.

EST. MHI: The estimated median household income for the service area of the water system. (if available)

COUNTY: The name of the county in which the water system is physically located.

PRE-APPLICATION UPDATE: Use this check box if this is an update to a project already on the priority list.

1. **System type:** The type of system may determine the type of financial assistance available. Systems owned by the federal government are not eligible. Please check the box indicating whether the system is a publicly (owned by a governmental agency) or privately owned community water system or a noncommunity system owned by a nonprofit organization.
2. **Problem:** The specific problem for which financing may be desired should be described in sufficient detail to allow the Department to understand and evaluate the nature of the problem. Where documentation is available to substantiate the problem (e.g. lab results, court orders, study or inspection reports, compliance orders) it should be attached to the form. More than one problem can be covered under one project pre-application but combining a high priority problem with a low priority problem may cause the entire project to be placed in the lower priority category.
3. **Project:** The solution that the applicant believes would best solve the problem should be described. Example: "The solution to our system's low pressure problem requires the construction of a new 300,000 gallon storage tank and an enlarged pumping station". If any preliminary plans, designs, or drawings are available, they should be attached.
4. **Project type:** Please indicate which of these features (check all that apply) are planned to be covered by this pre-application should the project be financed under the SRF program. *Note: due to high demand for SDWSRF funding, this program is not presently able to fund refinance projects.
5. **Cost estimate:** Give your best estimate of the amount of State funding that would be needed to complete the project described in this pre-application. Please provide the total cost of project if different from the state funding requested. These estimates can be refined later in the process if financing proceeds.
6. **Consolidation:** Please check this box if the project will physically connect two or more existing systems resulting in elimination of at least one of the separate systems or will provide for managerial or financial consolidation. Please provide the name(s) of the water system(s) that are being consolidated.
7. **Funding Year:** Please indicate the fiscal year that your system expects to be prepared to enter into a financial agreement with the Department to receive funding for this project. Project are ranked based on the nature of the problem, regardless of when funding is desired.
8. **Contact:** Identify the contact person for purposes of this pre-application. All correspondence regarding this pre-application will be sent to this individual.

COMPLETE the pre-application form and send or fax to District Office by September 2, 2003.